

**GILA RIVER INDIAN COMMUNITY REGIONAL PARTNERSHIP COUNCIL
FUNDING PLAN
July 1, 2009 – June 30, 2012**

OVERVIEW OF THE THREE YEAR STRATEGIC DIRECTION

Regional Needs and Assets

According to the 2006 US Census, the overall population estimates of the Gila River Indian Community indicate that there are 1611 children 0-5 years old living in the region. The majority of children, 68 percent, live in single parent households and only 469 (30%) are enrolled in a regulated early child care programs. Single parent households and 52 percent of mothers without high school degrees are factors in the region's striking percentage of families living at or below the federal poverty level (47%) compared to Arizona (10%).

Economic indicators show that many parents qualify for child care subsidies, or programs such as Head Start, and Family and Child Education (FACE), but those early care education programs lack adequate space and staff to serve all qualifying children and families. The rapid population growth has resulted in a lack of access to quality early education centers. Many families in the region rely heavily on informal child care such as relatives or friends, to meet their needs. Of the 12 child care programs currently operating in the region only the Early Education Child Care Center and the FACE Program provide services for children birth – 3 years old. The Gila River Indian Community Regional Partnership Council conducted a parent survey to assess the needs of parents with children 0-3 years old. The results indicated that all parents surveyed needed affordable child care for their children, but lacked funds and/or transportation to enroll their children outside of the Community. All programs in the region have large waiting lists.

Health care was an area which was lacking data for this report, but through ongoing outreach and collaboration with health care professionals and programs in the region, it is clear that there are services and supports in the areas of children with special needs, dental service treatment, immunizations, and health and nutrition services but needs exceed capacity of programs. The Community also has high rates of childhood obesity. In 2006, 77 percent of babies born to the community did not receive prenatal care in the first trimester. Through increased understanding of this area, the Gila River Regional Indian Community Regional Partnership Council concluded there is a strong need for more prenatal care and parent education in the Community. In addition tribal members identified the need to focus on language and literacy programs designed to retain the native tribal languages of Akimel O'odham and Pee Posh.

The Gila River Indian Community Regional Partnership Council has undertaken a strategic planning process to identify those needs that are most pressing. Based upon the needs and assets of the region, the Gila River Indian Community Regional Partnership Council has prioritized the following needs to address in the next three year period:

1. Expand access to prenatal care and birth to five: health, dental, vision, and hearing services, including preventative services, screening services, and follow up services. Increase access to educational training, referral, follow up services, and resources to high risk populations.
2. Expand language and literacy programs.

3. Increase numbers of highly skilled and well prepared early childhood development and health workforce.
4. Expand access to early childhood educational programs and services serving infants and toddlers.
5. Decrease number of children on waiting lists through expanding existing summer pre-kindergarten programs.
6. Increase coordination among state, federal, and local organization to improve the coordination and integration of regional programs, services, and resources for young children and their families.

Prioritized Goals and Key Measures

The Gila River Indian Community Regional Partnership Council has prioritized the First Things First Goals and Key Measures as follows:

Health/Family Support

Need: Increase access to prenatal, and birth; to five, health, dental, vision, and hearing services, including preventative services, screening services, and follow-up services.

Goal #4: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Goal #11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

Key Measures:

- Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health.
- Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being.
- Percentage of families with children birth to five who report reading to their children daily.

Health/Family Support

Need: Increase parent education to high risk populations including, parents in residential treatment program and teen parents.

Goal # 11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

Goal #4: FTF will collaborate with existing Arizona early childhood health care systems to increase children's access to quality health care.

Goal #13: FTF will lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services, and resources for young children and their families.

Key Measures:

- Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health.

- Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being.
- Percentage of families with children birth to five who report reading to their children daily.

Family Support

Need: Expand Akimel O'odham and Pee Posh language and literacy programs.

Goal # 12: FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.

GOAL # 11: The FTF will coordinate & integrate with existing education & information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

Key Measures:

- Percentage of families of children birth through age five who report they maintain language and literacy rich home environments (e.g. children hear language throughout the day, children have opportunities for listening and talking with family members, books and other literacy tools and materials are available and accessible to children).
- Percentage of families with children birth through age five who report reading to their children daily in their primary language.

Professional Development

Need: Increase qualified staff in early childhood education centers within the Gila River Region through implementation of the T.E.A.C.H. Scholarship Model.

Goal # 8: FTF will build a skilled and well prepared early childhood development workforce.

Goal #1: FTF will improve access to quality early care and education programs and settings.

Key Measures:

- Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development.
- Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.

Quality & Access

Need: Limited access to early care and education, especially infant and toddler programs.

Goal # 3: FTF will increase availability and affordability of early care and education settings.

Key Measures:

- Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five
- Total number of children enrolled in early care and education programs participating in the QIRS system.
- Current cost of early care and education for families as a proportion of the median income for a family of four.

Quality & Access

Need: Limited access to quality early care and education for children ages 4 and 5

Goal # 3: FTF will increase availability and affordability of early care and education settings.

Goal # 11: FTF will coordinate and integrate with existing education and information system to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

Key Measures:

- Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five.

Strategy Selection

Through the Needs and Assets Report and ongoing community and programmatic outreach, the Gila River Indian Community Regional Partnership Council has found the need for further integration of the early childhood health and education resources in the region. The commitment of the Regional Council is to begin to build a comprehensive system that integrates opportunities to service families in a variety of settings. This includes coordination of services between the home, medical provider, child care/early education settings and the schools to provide a comprehensive array of services to children living in the area. The First Things First allocation is the first step in building a comprehensive system for all children in the region, the initial plan would begin to build that structure and array of programs all working together. This is the beginning of a comprehensive system that could continue to expand to eventually be available for all families in the area. An effective system to support families with children birth to five requires solid governance, leadership development, and quality assurance. All of these factors will be part of the overall strategies with all grantees being required to work together to insure that the cohesive goals are being met, as well as working with existing programs to improve quality system delivery and meaningful evaluation of services.

The Gila River Indian Community Regional Partnership Council will continue to engage with stakeholders and partners to plan for and evaluate the implementation of the strategies toward the goals and key measures. The Regional Council will continue our strategic planning process for the next two years, as we develop further understanding and a baseline of work.

The Gila River Indian Community Regional Partnership Council has chosen six funded strategies and two strategies for discretionary funding to begin the development of the system.

Identified Need	Goal	Key Measures	Strategy
<p><i>Health/Family Support</i></p> <p>Increase access to prenatal, and birth to five; health, dental, vision, and hearing services, including parent education, preventative services, screening services, and follow-up services</p>	<p>Goal #11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.</p> <p>Goal #4: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.</p>	<ul style="list-style-type: none"> • Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health. • Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being. • Percentage of families with children birth to five who report reading to their children daily. 	<p>Strategy 1 - Expand home visiting programs to families with children prenatal through age five. This prenatal through five program would include an initial home visit prior to birth by a family support specialist and continue working with the family after birth to provide case management, appropriate linkages to programs and services as needed through a referral and follow up mechanism, and provide ongoing early childhood development education and information to the family through ongoing home visits.</p> <p>Total funding \$178,016 – Service numbers: 160 families.</p>
<p><i>Health/Family Support</i></p> <p>Increase parent education to high risk populations, including teen parents, and parents in residential treatment program.</p>	<p>Goal: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.</p> <p>Goal: FTF will collaborate with existing regional early childhood health care systems to increase children's access to quality health care.</p> <p>Goal: FTF will lead cross-</p>	<ul style="list-style-type: none"> • Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health. • Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well- 	<p>Strategy 2 - Increase capacity of existing programs to expand parenting classes and case management/coordination to at risk population.</p> <p>Total Funding \$91,500 serving 25 families.</p>

	system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services, and resources for young children and their families.	<p>being.</p> <ul style="list-style-type: none"> Percentage of families with children birth to five who report reading to their children daily. 	
Family Support Expand Akimel O'odham and Pee Posh language and literacy programs.	<p>Goal # 12: FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.</p> <p>GOAL # 11: The FTF will coordinate & integrate with existing education & information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.</p>	<ul style="list-style-type: none"> Percentage of families of children birth through age five who report they maintain language and literacy rich home environments (e.g. children hear language throughout the day, children have opportunities for listening and talking with family members, books and other literacy tools and materials are available and accessible to children) Percentage of families with children birth through age five who report reading to their children daily in their primary language 	Strategy 3 - Expanding language revitalization and literacy into early childhood education programs throughout the region.
<i>Professional Development</i> Increase qualified staff within early childhood education centers within the Gila River region through implementation of the T.E.A.C.H. Scholarship Model.	<p>Goal # 8: FTF will build a skilled and well prepared early childhood development workforce.</p> <p>Goal #1: FTF will improve access to quality early care and education programs and settings.</p>	<ul style="list-style-type: none"> Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development. Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree. 	Strategy 4 - Fund additional T.E.A.C.H. scholarships beyond those provided through participation in <i>Quality First!</i>

<p><i>Quality and Access</i> Limited access to early care and education, especially infant and toddler programs.</p>	<p>Goal #3: -FTF will increase availability and affordability of early care and education settings.</p>	<ul style="list-style-type: none"> • Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five • Total number of children enrolled in early care and education programs participating in the QIRS system. • Current cost of early care and education for families as a proportion of the median income for a family of four. 	<p>Strategy 5 - Expand capacity of infant/toddler programs in the region by expanding funding to programs with available slots. \$77,000 serving approximately 8-10 infant/toddlers year round.</p>
<p><i>Quality and Access</i> Limited access to quality early care and education for children ages 4 and 5</p>	<p>Goal # 3: FTF will increase availability and affordability of early care and education settings. Goal # 11: FTF will coordinate and integrate with existing education and information system to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.</p>	<ul style="list-style-type: none"> • Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five. 	<p>Strategy 6 - Increase the number of children that receive comprehensive pre-kindergarten programs to increase school readiness, through expansion of school based summer enrichment/transition program</p> <p>Total funding \$51,281.00 serving 52 to 60 children</p>

Strategy Worksheet

Strategy 1 - Expand home visiting programs to families with children prenatal through age five.

In 2006 there were 244 births to the Gila River Indian Community and seventy-seven (77) percent of the pregnant women did not receive prenatal care in their first trimester, and five (5) percent received no prenatal care at all. Studies show young mothers are less likely to receive prenatal care throughout their pregnancy. Young mothers also lack adequate understanding of the importance of early childhood development, the importance of immunizations, well child visits and services to support parent and baby. Furthermore, many elementary schools in the region are seeing an increased number of kindergarteners enrolling without proper immunizations, and never having received vision, dental, or hearing screenings. Schools are also seeing a number of children entering school considered to be overweight.

This strategy is designed to empower parents to obtain the support that they need to be effective parents in raising healthy children that are ready to learn. The model proposed builds on the research from medical model intervention programs and home visitation models that have been shown to be very effective in increasing the number of children who receive the appropriate developmental screenings and preventative health care and supporting parents to feel competent in their abilities to promote the healthy development of their children. Both models have shown parental knowledge around parent child relationships and early childhood development, which provides parents and other caregivers with skills and knowledge needed to enhance a child's social/emotional, cognitive and physical development.

The strategy proposed promotes optimal child health by connecting parents with medical providers for prenatal, well baby visits and immunizations, and incorporates the home visitor/support specialist into office visits with parents. By enhancing and expanding existing home visiting programs in the Gila River Indian Community, more young children birth through age five, will receive appropriate screening, care coordination, linkages to community resources, child development information, health and nutrition training, parenting education and literacy activities focusing on insuring that children have every opportunity for school success. This is a comprehensive approach that supports mothers and fathers in their roles as nurturers of the emotional, behavioral, intellectual, and physical growth of their children.

Program Components Include:

1. Home visits from trained Family Support Specialist, who fully understands tribal culture, traditions, case management, and referrals
2. Home visitation will include:
 - Ongoing education by a Family Support Specialist who follows up at key stages of development and supports parents' understanding of their child's developmental ages and stages through integration and utilization of the New Directions "Brain Box".
 - Collaboration with Gila River Health Care's pediatric dentist to receive training on preventative oral health which will then be modeled and taught to parents.
 - Educational materials on proper nutrition, as well as cooking demonstrations. Educational materials will also include health information and materials to address everyday issues such as proper prenatal nutrition, post delivery nutrition, breast

feeding, bottle feeding, transitioning to food, sleeping, crying, and early literacy.

3. Case management will include:

- Collaboration with Purple Prenatal Clinic, and Gila Crossing Prenatal Clinic to identify pregnant women.
- Follow up with parents on dates and times of well child visits, immunizations, and developmental screenings at 9, 18, 24 months.
- Collaboration with Gila River Indian Community Early Childhood Special Services, to coordinate early evaluations if a developmental concern or delay arises. Referrals for children and families as well as links with community services including Gila River Indian Community Special Education Services, Women Infant and Children, Behavioral Health services, early childhood programs, and other services as needed.

Currently there are three home visiting programs offered to families with young children. All programs are operating at full capacity. Health Resources operates the Genesis Program which provides home visiting parent education and training to pregnant mothers and their children through age six. The program is focused around prevention of diabetes, obesity and ensuring children, and families are healthy and ready for school. Genesis currently collaborates with the Purple Prenatal Clinic and Gila Crossing Prenatal Clinic to identify pregnant mothers. Gila River Indian Community Behavioral Health Services also operates a home visiting program, which offers a number of different services to parents with children. The third home visiting program is operated by Tribal Social Services and focuses on parent training, ages and stages, age appropriate discipline, and referral to family support programs.

Research Notes:

(2008) "Evidence-Based Early Childhood Home Visitation Programs" www.homevisitingcoalition.org

Lead Goal: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

Goal: The GRIC RPC will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Key Measures:

Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health.

Percentage of Families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being.

Percentage of families with children birth to five who report reading to their children daily.

Target Population:

Targeting families with children birth to 5 years of age. The program will focus on reaching families prenatally and continuing to support families after the birth.

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
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	160 families	160 families	160 families
Performance Measures SFY 2010-2012 Total number of children receiving service coordination. Total number of families engaged in ongoing home visits. Percent of first time mothers served by the program Percent of families that report satisfaction with home visiting support Percent of families showing increases in parenting knowledge and skill Number and % of expectant mothers receiving regular prenatal care.			
How is this strategy building on the service network that currently exists: <ul style="list-style-type: none"> • Currently Health Resources operates the Genesis Program which provides home visiting parent education and training to pregnant mothers and their children through age six. The program is focused around prevention of diabetes, obesity and ensuring children, and families are healthy and ready for school. Components of the Genesis program include maternal health, nutrition and health education pre and post baby, oral, vision, and hearing health education, and referral services to support programs. Genesis currently collaborates with the Purple Prenatal Clinic and Gila Crossing Prenatal Clinic to identify pregnant mothers. • Gila River Indian Community Behavioral Health Services also operates a home visiting program. • The Region lacks consistent coordinated efforts between programs. Data in this area is lacking so it is hard to determine whether referrals are being followed up by programs or parents. • Expanding existing programs would enhance services (referral when needed, and follow up) for children in the areas of early literacy, development, mental, behavioral, oral, vision, hearing, and immunization health needed to be ready for future success in school. 			
What are the opportunities for collaboration and alignment: <ul style="list-style-type: none"> • Potential to build on Genesis Program operated by Gila River Indian Community Health Resource Center which currently has a home visiting component and is willing to expand topics of parent education to ages and stages early brain development, New Directions Brian Box Model. The Genesis program already works closely with Gila River Indian Community Early Childhood Special Services, as well as both prenatal outreach clinics and all 12 preschool programs. • Potential to build on Gila River Indian Community Social Service home visitation programs, which also offer services to high risk families. • Potential to build on Gila River Health Care Corporation which operates a home visitation program for high risk families. • Gila River Indian Community Pediatric Dentistry department supports this strategy, and will work with the service provider by offering additional training on oral health and prevention of cavities. 			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed	\$178,016		

strategy	
Budget Justification: Budget projections have been based on providing services to 160 families using an estimated cost of \$1,000 per family. ($\$1,000.00 \times 160 = \$160,000$) The remaining \$18,016 will be used for staffing training, screening supplies and program materials necessary to support this program.	

Strategy 2- Expanded case management/coordination and parenting classes to at risk populations

Specifically the Regional Council will support high risk children and families within the Residential Treatment Center (RTC), Ira Hays High School, and Vechij Himdag Mashchamakud (VHM) High School through parent education and case management. This strategy would expand capacity of existing parent education programs within the region.

There are a number of early childhood educations and social service programs educating parents throughout the region. However, the majority of parent education is focused within early childhood development programs. The high risk population of children living with their parents at the Residential Treatment Center and pregnant/teen parents attending the two high schools in the region currently do not have access to parent training. This strategy would build on existing parent training programs within the Community and work in collaboration with the Family Support Specialist (strategy #1) and other family support and child care programs, thus creating a more holistic and comprehensive support network for high risk families.

The first target population for this strategy is families receiving treatment at The Residential Treatment Center. The Residential Treatment Center aids members of the Community recovering from drug and alcohol use, through a highly trained clinical support staff. Currently there are five children 0-5 years old living with their parents in the Residential Treatment Center. To support the healthy development of the young children who are residing in the treatment facility, parents will be connected with a case manager/coordinator immediately after admittance to ensure parents receive proper support services for their child 0-5 years old. In addition, parents will receive education and information on a number of early childhood development subjects such as; early childhood brain development, ages and stages, developmental delay, language, literacy, early intervention education, dealing with difficult behaviors, and healthy nutrition.

For families at the Residential Treatment Center the Case Manager will:

1. Coordinate with the Early Education Childcare Center to ensure children 0-5 years old are admitted promptly and seamlessly into the Early Education Childcare Center.
2. Provide parent training and education materials on early childhood brain development, developmental delays, drug use and the effects of drugs on fetus and children and other related topics.
3. Coordinate with Behavioral Health Service and other service to aid children and families who have been identified as needing services.
4. Coordinate with Gila River Health Care to ensure children needing health care or dental services receive them in a timely manner.

The high school component of this strategy will focus on Parent Education/Support Groups and Case

Management for expectant teens and teen parents attending either Ira Hayes High School or VHM High School. Between the two high schools there are approximately 19 pregnant or parenting teens.

At the high schools the Case Manager will provide:

1. Parent Education/Support Groups covering topics such as early childhood brain development, ages and stages, developmental delay and early intervention education, dealing with difficult behaviors, and healthy nutrition.
2. Collaboration, coordination, and referrals to support programs such as the Genesis Program to enhance prenatal nutrition breast feeding, bottle feeding, transitioning to food, sleeping, crying, and early literacy trainings.
3. Coordination of referrals to Early Childhood Special Education Services for evaluations if needed.
4. Coordination of referrals to community services including, WIC, Behavioral Health services, early childhood education programs, and other services as needed.
5. Coordinator would also follow up on prenatal and well child visits with teens.

There is substantial research and evidence to support the positive outcomes of early intervention programs for parents and their children.¹ This particular case management and parent training model works collaboratively with the Residential Treatment Center to enhance services to parents and support children 0-5 years old in high risk settings. There is also substantial research and evidence to support the positive outcomes of teen parent education/support programs, on both parents and young children. While research supporting utilization of a parenting education program is important, it should be noted that many programs that lack a formal evidence base may still produce desired outcomes and improvements for participants.²

Research Notes

- 1 US Department of Health and Human Services, Substance Abuse and Mental Health, *"Starting Early Starting Smart" Accessing Costs and Benefits of Early Childhood Intervention Programs"* www.casey.org or www.samhsa.gov
- 2 Meeker, Elizabeth and Levison-Johnson, Jody. Evidence-Based Parenting Education Programs: Literature Search, September 2005. Coordinated Care Services, Inc.

Other Program Components Include:

Funding to purchase Brain Boxes which includes staff training by the New Directions Institute. Training is vital in understanding the effective use of the tools within the Brain Boxes so programs serving families and children 0-5 years old are able to effectively deliver trainings to parents. Programs to be invited to the staff training would include but not be limited to Gila River Indian Community (GRIC) Social Services, Genesis Program, GRIC Early Childhood Special Education, GRIC Behavioral Health personnel, GRIC Hospital, Early Childhood Education Centers. Programs awarded First Things First Grants in the region will be required to attend the training and implement the Brain Boxes into their parent training components of their programs.

The Baby Brain Box™ was created by New Directions to help parents and caregivers promote healthy brain development during the baby's first year. The patented box contains eight items with instructions for play as well as toy safety and disinfecting information. An activity card for each item provides a complete guide for the parent (or caregiver) on how to use the item interactively with the child. Activities follow the [S.T.E.P.S. to Early Brain Development](#)sm system, which covers five important areas of development: Security, Touch, Eyes (vision), Play and Sound. Activity guides and all the materials are provided in the boxes which promote adult-child interaction that encourages healthy brain

development. A Brain Box™ set includes 12 individual boxes: two for infants, two for babies, two for toddlers and six for preschool children. The Brain Boxes have shown to increase school readiness, increase positive parenting and parental involvement and improved child and maternal health outcomes. (www.newdirectionsinstitute.org)

Lead Goal: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

Goal: FTF will collaborate with existing regional early childhood health care systems to increase children's access to quality health care.

Key Measures:

Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health.

Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being.

Percentage of families with children birth to five who report reading to their children daily.

Target Population:

Program is designed to service high risk families in

1. Residential Treatment Center- children 0-5 years of age living with parents in setting.
2. Ira Hayes High School and Vechij Himdag Mashchamakud (VHM) High Schools- Regional alternative high schools with teen parents.

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	25 Families and their Children	25 Families and their Children	25 Families and their Children

Performance Measures SFY 2010-2012

Total number of children receiving service coordination.

Total number of families receiving developmental screening.

Percent of first time mothers served by the program.

Percent of families showing increases in parenting knowledge and skill

Increases in score on school readiness measures when the child enters into pre-kindergarten.

How is this strategy building on the service network that currently exists:

- There are a number of early childhood education programs and social service programs educating parents through parent trainings. The high risk population of parents participating in a Residential Treatment program and teen parents attending the two local high schools are not receiving parent training on early childhood brain development, ages and stages, developmental delay and early intervention education, dealing with difficult behaviors, or healthy nutrition. This strategy would build on existing parent training programs within the Community and work in collaboration with the Family Support Specialist (strategy #1) and the zero-five Coordinator in the Behavioral Health Service Department thus creating a more holistic and comprehensive support network for high risk

families.	
<p>What are the opportunities for collaboration and alignment:</p> <ul style="list-style-type: none"> • There is opportunity to expanding parent training programs. Currently there is a gap in this type of parent training services to high risk families in the Community. Programs currently offering parent training are willing to expand topics of parent education to include ages and stages early brain development, New Directions Brain Box Model. • There are a number of programs who already work closely with the 12 early childhood education programs within the region. This allows for building of a seamless referral system to early education programs for children zero – five years old living in the Residential Treatment Center. 	
SFY2010 Expenditure Plan for Proposed Strategy	
Population-based Allocation for proposed strategy 25 families	\$91,500
<p>Budget Justification:</p> <p>This would fund a case manager, employee related costs and indirect costs. Based on an estimated \$30,000 to \$40,000 salary the total program costs are estimated to be approximately \$81,000. The other major budget item would be training for staff on the Brain Box and the cost of purchasing the Brain Boxes.</p> <p>Brain Box training and distribution: \$1,650.00- includes 2 infant boxes, 2 baby, 2 toddler, 6 pre-k boxes 2, 250.00- Training of staff 1,650.00 × 5 brain box sets = \$8,250.00 + 2,250.00 (training) Total= 10,500.00</p>	

Strategy 3- Expand the capacity of existing, Akimel O'odham, and Pee Posh Early Language and Literacy Programs

A native language revitalizing/second language acquisition (SLA) program is currently being implemented in four Head Start Centers in the Region. The Culture Coordinator trains teaching staff on how to integrate the Akimel O'odham and Pee Posh languages and print into both everyday dialogue and visually throughout classes in the form of labeling of objects. The outcomes which have been achieved through the Head Start Akimel O'odham, and Pee Posh language and culture program are increased use of native language and song within the classroom setting. Parents are highly involved in cultural activities such as outings, dancing, and cooking. Expansion of the Culture Program would allow all 12 early childhood centers in the region to have a native language rich environment, where traditions and self identity are cultivated and nurtured. This strategy is focused around expanding language revitalization and literacy into early childhood education programs throughout the region.

There are a number of different models used for language revitalization and literacy. Second language, dual language, and emersion language programs all have research based models to support their implementation. There has been substantial research done in the field of language acquisition for the past 30 years and outcomes can vary depending on a number of factors. One of the most significant influences on a child's acquisition and competence of the second language is their understanding of their primary or first language. For very young children, ages 0-5, dual language programs where both primary and secondary language is given equal emphasis during the day appears to be the most promising model. Most research done in the field of SLA has been on English as a Second Language (ESL) students, but other languages have been substituted for the second language acquisition model.

<http://www.dodea.edu/curriculum/docs/esl/eslprogramGuide0307.pdf>

<http://qcpages.qc.cuny.edu/ECP/bilingualcenter/Newsletters/Acquiring2ndLangV3-1.pdf>

Program Components Include:

- Evidence based research identifies key components of Second Language Acquisition literacy, or dual language curriculum which would include:
 1. Oral language: vocabulary and listening comprehension. Expressive and receptive language.
 2. Alphabetic code: alphabet knowledge, phonological/phonemic awareness which is the ability to discriminate sounds in words, invented spelling.
 3. Print knowledge: environmental print and concepts about print
- Parents would be highly encouraged to participate in Akimel O'odham, and Pee Posh language revitalization/second language acquisition by engaging in classroom activities and field trips based around language and culture.
- Training early education teaching staff on Culture Curriculum, and how to integrate culture and language into everyday activities.
- Language and culture curriculum as well as material will be provided at teacher trainings
- Culture Coordinator would act as a resource for teachers when support is needed.

Lead Goal: FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.

GOAL: The FTF will coordinate & integrate with existing education & information systems to expand

families' access to high quality, diverse and relevant information and resources to support their child's optimal development.			
Key Measures: Percentage of families of children birth through age five who report they maintain language and literacy rich home environments (e.g. children hear language throughout the day, children have opportunities for listening and talking with family members, books and other literacy tools and materials are available and accessible to children) Percentage of families with children birth through age five who report reading to their children daily in their primary language			
Target Population: Language and culture to be delivered to 469 children attending 12 early childhood education programs in the region. Teachers will receive trainings to increase understanding of how to integrate language and cultural concepts into everyday curriculum.			
Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	12 ECE Centers 469 Children	12 ECE Centers 469 Children	12 ECE Centers 469 Children
Performance Measures SFY 2010-2012 Increases in score on school readiness measures when the child enters into pre-kindergarten. % of families attending adult and family literacy programs. Number of children with increased language development in their native language.			
How is this strategy building on the service network that currently exists: <ul style="list-style-type: none"> Currently Gila River Indian Community's Education Department operates a Culture Program aimed at increasing knowledge and use of the two native languages within the region. This program serves k-12 population The Gila River Indian Community's Head Start Program coordinates a culture program which has one staff member dedicated to creating curriculum for 204 children 3-5 years old at four (4) centers in the region. 			
What are the opportunities for collaboration and alignment: <ul style="list-style-type: none"> The Gila River Indian Community's Head Start Culture Program has been operating for two (2) years. This creates a unique opportunity to system build in the area of language revitalization and literacy acquisition and open up more opportunities for parents to be involved in Akimel O'odham, and Pee Posh language based activities. 			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed	\$62,539		

strategy	
<p>Budget Justification:</p> <p>Cost may vary depending on need of teaching staff within existing early care programs.</p> <ul style="list-style-type: none"> • Staff Training: \$16,000.00 Justification: staff may require advanced training before a new curriculum or program can be implemented. • Language and Literacy Material: \$40,000.00 Justification: New material will have to be produced, purchased and integrated before early education programs can implement a comprehensive language and culture program. Dividing language and literacy material by the eight programs which do not currently have a culture program in place would allot \$5,000 to each program. • Administrative Costs: \$ 6,539 	

Strategy 4 - Expand professional development in the region through implementation of T.E.A.C.H. Early Childhood Arizona scholarships model

Programs enrolled in QUALITY FIRST! will have access to T.E.A.C.H. Early Childhood Arizona. The Regional Council wants to expand T.E.A.C.H. to those programs not yet enrolled in Quality FIRST! by funding additional scholarships.

The Gila River Indian Community Regional Partnership Council recognizes the need to support the professional development of the early care and education workforce. The preparation and ongoing professional development of early educators is a fundamental component of a high quality early learning system. There is an extensive body of research showing that the education and training of teachers and administrators is strongly related to early childhood program quality and that program quality predicts development outcomes for children.¹

Benefits to children: Higher quality, stable and more capable professionals; improved care and services; better developmental outcomes for children.

Benefits to families: Early childhood professionals who remain with their programs and continuously advance their skills and knowledge are better able to build relationships with children and families and to foster their growth and development.

Benefits to programs and staff: support and financial assistance for ongoing professional development and educational pathways for staff leading to higher staff quality and better retention.

The Regional Council recognizes and supports all four elements of the scholarship program:

Scholarships - The scholarship usually covers partial costs for tuition and books or assessment fees. Many scholarships require that the recipient receive paid release time and a travel stipend.

Education - In return for receiving a scholarship, each participant must complete a certain amount of education, usually in the form of college coursework, during a prescribed contract period.

Compensation - At the end of their contract, after completing their educational requirement, participants are eligible to receive increased compensation in the form of a bonus (ranging from \$100 to \$700) or a raise (4% or 5%). Arizona will establish the formulas for each.

Commitment - Participants then must honor their commitment to stay in their child care program or the field for six months to a year, depending on the scholarship program that Arizona designs. Funding support can cover coursework: tuition, fees, materials and supplies associated with the course and the course activities; access: travel costs (gas or transportation fare), students' own child care costs, substitute staffing; and academic support: study and class preparation time, tutorial services and advisement. Compensation can include: stipends and reimbursements, rewards, awards, bonuses for education completion and retention initiatives.

Information about the T.E.A.C.H. project is available on the web at

www.childcareservices.org/ps/teach.html.

State contacts are available at www.childcareservices.org/ps/statecontacts.html.

¹Ohio Department of Education (January 2006). *Critical Issues in Early Educator Professional and Workforce Development*. Columbus, OH: This paper was funding by the Department under the commission of the School Readiness Solutions Group. This paper was developed by Jana Fleming.

Lead Goal: FTF will build a skilled and well prepared early childhood development workforce.

Goal: FTF will improve access to quality early care and education programs and settings.

Key Measures:

Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development.

Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.

Target Population:

There are twelve (12) early child care centers in the Gila River Region with an estimated 65 staff. This strategy will allow the region to offer participation in the T.E.A.C.H. scholarship program beyond those participating through the Quality First! program, bringing total participation to 13 percent (9) of all center staff in SFY 2010, SFY 2011, and SFY 2012. The Regional Council may prioritize T.E.A.C.H. scholarships for staff working in infant/toddler programs, given the importance of training for such professionals.

T.E.A.C.H. scholarships will be available to each individual recipient for up to 3 years, and can be accessed only after other funding sources have been pursued, i.e. Federal Application of Free Student Assistants (FAFSA), Tribal member scholarships.

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
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	6 ECE Staff	6 ECE Staff	6 ECE Staff
Performance Measures SFY 2010-2012			
Number of degreed professionals in early care in the region.			
Number of degreed professionals in early care in the region/number of professionals in early care in the region.			
Number of professionals pursuing degrees in early childhood in the region.			
Average length of teacher retention in the Gila River Region.			
How is this strategy building on the service network that currently exists:			
<ul style="list-style-type: none">The statewide Quality First! initiative will fund 1 center and 1 home in the region, providing an average of two T.E.A.C.H. scholarships to professionals working in a center and 1 scholarship in the home care setting. Additional funding for T.E.A.C.H through this strategy will provide an additional 6 scholarships to professionals working in the region during SFY 2010.This strategy capitalizes on T.E.A.C.H Early Childhood Arizona. T.E.A.C.H is a strategy benefiting children, families and programs by addressing workforce under-education which negatively impacts the quality of early care and education. The Regional Council is building on the infrastructure elements established by the FTF Board with Quality First! and T.E.A.C.H. to improve the quality of early care and education in the Gila River Region.			
TEACH	SFY 2010	SFY 2011	SFY 2012
Region-funded TEACH	6	6	6
Statewide-funded TEACH (via QIRS enrollment)	3 (1 center + 1 home)	3 (1 center + 1 home)	3 (1 center + 1 home)
Total	9	9	9
What are the opportunities for collaboration and alignment:			
<ul style="list-style-type: none">The T.E.A.C.H Early Childhood Arizona program will provide the system infrastructure to implement this strategy including an administrative home, payment system, model agreements with colleges/universities, and evaluation. Gila River Indian Community Regional Partnership Council participation with the administrative agent will provide the financing for additional scholarships and focus scholarships to meet our specific regional needs.			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed strategy	\$12,255.00		
Budget Justification:			
<u>\$1,600 per scholar/year</u>			
6 scholar/per year=\$9,600			
This amount includes:			
80-100% Tuition & Fees			
80% -100% Books & materials			

Travel stipend

Additions to the program

20 hours release time/year $\times \$8.00 = \$160.00 \times 6 \text{ participants} = \960

\$500 bonus for completion of course work (6 scholars $\times \$500.00 = \$3000.00 \div 3 \text{ years} = \$1,000.00$)

Tutoring Enhancement as needed = \$695

Total=\$12,255/year for 6 scholarships

Strategy 5 -Increase capacity of quality early care settings for infants and toddlers.

Increase the number of infants and toddlers receiving quality early care through expansion of centers and homes to serve this age group. This will focus on providing additional services in areas of the region with waiting lists for services.

Quality and access to early care settings was identified as a critical need within the Gila River Indian Community. The region has an estimated 1611 children age 0-5 residing within its boundaries with 469 of those children enrolled in early education settings, with the remaining 70 percent either going outside the Community to receive care or receiving no formal center based early care before kindergarten. Of the 469 children in early education settings, only 127 are infants and toddlers and there are only two programs in the region providing infant/toddler care, Early Education Child Care Center, and the Family And Child Education (BIA Funded). All 0-5 early education programs have substantial waiting lists. Through the Regional Council's Needs and Assets Report and Community input, it has been determined there is a great need to expand infant and toddler enrollment within early care settings in the region. Currently some centers have sufficient capacity to serve increased numbers of infants and toddlers, but lack the resources to provide the care, thus leaving classrooms unused.

The ability of families with infants and toddlers to afford child care for their young children is also a concern for the Regional Council. Single parent households and the high percentage of mothers without a high school degree are factors in the region's striking percentage of families living at or below the federal poverty level (47%) compared to Arizona (10%). The 2000 US Census showed the median household income was \$18,599 for the region. Low income status may create barriers for families to have access to high quality early care and education. The average annual cost for an infant in full-time center care in Arizona is almost \$8,000. Full-time infant care in a family child care home is \$6,250, this cost represents 1/3 of the median household income of the region.

To increase access and affordability of care for families with infants and toddlers, the Regional Council will implement a cost reduction strategy whose goal is to ensure that low income families (those with income less than 200% of federal poverty level) have access to infant and toddler programs. Through this strategy, centers and homes may apply for funding to implement a scholarship program. Centers and homes serving low income families with infants and toddlers would receive reimbursement to offset the costs of lowering fees to families meeting the criteria established by the center/home and approved by FTF. This strategy will reduce, not eliminate, the parent's contribution toward quality child care. One way this could be accomplished is through a sliding fee scale based on income. Reducing the cost of quality early care and education so that it does not exceed 10% of a family's income may be the goal. It is estimated that a subsidy of between \$12 and \$15 per day may be needed to make quality

child care affordable to low income families with infants and toddlers. The Regional Council will need to continue to develop this approach in order to finalize the scholarship program that would work for families in the Community. In addition, the Regional Council will need to assess if any renovation grants and/or equipment is necessary to ensure infant and toddlers are cared for in appropriate settings. Programs such as Department of Economic Security (DES), Early Childhood Block Grant (ECBG), tribal programs or Federal Early Head Start programs must be the first revenue streams. This strategy will provide access to children ineligible for, or who have been on waiting lists for these programs.

Furthermore, applicants will demonstrate a commitment to quality by being accredited, participating in *Quality First!* or agreeing to participate in *Quality First!* within 1 year of entering the scholarship program.

RESEARCH NOTES:

1. Frank Porter Graham Child Development Institute at UNC-Chapel Hill, "*Quality of Childcare Affects Language Development*", 2007
2. *Set for Success: Building a Strong Foundation for School Readiness Based on the Social and Emotional Development of Young Children*," Kauffman Early Education Exchange
3. Good Quality Child Care: A Dramatic Opportunity to Promote Learning and Prevent Damage in Our Youngest Children," Child Care Action Campaign, 1996
4. Frequently Asked Questions, Arizona Department of Economic Security, Child Care Administration. www.azdes.gov/childcare/faq.asp.

Lead Goal: FTF will increase availability and affordability of early care and education settings.

Key Measures:

Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five

Target Population:

families with infants and toddlers who have incomes less than 200% of poverty

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	15 infants/toddlers	15 infants/toddlers	15 infants/toddlers

Performance Measures SFY 2010-2012

Number of new child care slots available in regulated early care and education settings for children age birth to five

and % of families 100%FPL utilizing DES subsidy care/ Proposed service

Total number of children receiving early education services.

Percent of families that reported satisfaction with early education services

Percentage decrease in waiting lists for low cost programs.

How is this strategy building on the service network that currently exists:

- This strategy would provide opportunities to build on existing early childhood programs by enabling them to provide services to additional children.
- This strategy would also encourage programs providing infant toddler services to enroll in the Quality First! program.

What are the opportunities for collaboration and alignment:

- Potential to partner with school district, faith community, private donations, and other community partners to expand this program.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	\$77,000
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Budget Justification:

It is estimated that at an average cost of \$15 per day (\$3,960 per year) can support scholarships for approximately 15 children per year with the remaining funds for equipment and materials.

Strategy 6: Pre-Kindergarten Program—Expand early education and classroom experience for 4 & 5 year old children through the expansion of Summer Pre-Kindergarten school based programs. This program will provide pre-school opportunities and services for families in the Community that have been on waiting lists for services.

Approximately 70 percent of children living in the Gila River Indian Community do not receive any preschool education prior to entering kindergarten. Currently the Gila River Head Start Program works in collaboration with Sacaton, Casa Blanca, and Gila Crossing elementary schools in the region to provide a summer enrichment/transition program to approximately 93 children transitioning to kindergarten from Head Start. Currently each of the above mentioned programs are enrolling 60 children into their kindergarten classes each fall. Expanding the number of classrooms within the existing four (4) week summer pre-kindergarten program would allow additional 52-60 children to attend the program. Children would receive health requirements, (i.e. immunizations, vision, dental, hearing, and physical examinations) as well as acquaint them to the classroom structure so they are ready to begin school. The expansion would also allow parents the opportunity to receive parent education and information. The Summer Pre-Kindergarten will prepare children for the transition to kindergarten in a safe, friendly environment. The program enhances fine motor, cognitive and language skills while developing self-confidence and social skills.

The program will allocate 33 percent (20 slots total) of the total slots to children who have never been in an early education program. The remaining slots will be allocated to 4 and 5 year olds transitioning to kindergarten from the Head Start Program, Early Education Child Care Center, FACE, and Pre K programs in the region.

Program Components Include:

Health Component: The program will work with the school and local health care provider to insure children receive required physical examinations, dental vision screenings, and immunizations.

Parent Component: Organize and coordinate parent workshops and parent education activities. This will allow the parent to learn valuable tips on the importance of being actively involved in their child's education. They will receive a kindergarten orientation to help them become familiar with the classroom structure. Parents will leave these sessions with the "tools" needed to assist their child to become successful. Parents are encouraged to participate in classroom activities.

Outreach Component: Collaboration with schools, school health nursing, GRIC Special Education Services, all early child care/pre-k, and FACE centers to seek 4 year old children and their families. Outreach services will:

- Educate families about this opportunity that will assist the children in getting ready for kindergarten.
- Identify health issues (developmental screening)
- Immunization record check/ referrals

Research confirms that all children gained from attending quality school year pre-k programs. While there may be differences in scores among children of various backgrounds, all children gain, regardless of ethnic background. Although the results for school year pre-k programs were positive, the Gila River Indian Community Regional Partnership Council would like to see the four week summer pre kindergarten program expanded to a full nine month program, if discretionary funds become available.

A large body of research shows that high quality preschool programs can lead to increases in school success, higher test scores, fewer school dropouts, higher graduation rates, less special education and even lower crime rates.

www.nieer.org

Research also indicates that:

- Children exhibited substantial developmental growth across multiple skill areas—language/literacy, math, general cognitive knowledge, and social skills.
- For Spanish-speaking children, growth occurred for skills assessed in both English and Spanish, with higher skill levels and growth in their home language associated with greater growth in skills in English.
- Children at greatest risk made similar or even greater gains over time compared to their peers, although they entered the program with lower skill levels and still had not caught up in many areas by the end of kindergarten.

Lead Goal: FTF will increase availability and affordability of early care and education settings.

Goal: (11) FTF will coordinate and integrate with existing education and information system to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

Key Measures:

Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five.

Target Population:

Children ages four and five transitioning from early education settings to kindergarten.
Thirty-three (33) percent of total slots would be designated to children who have never been in an early childhood program.

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	52-60 Children 4 & 5 years old	52-60 Children 4 & 5 years old	52-60 Children 4 & 5 years old

Performance Measures SFY 2010-2012

Total number of children receiving early education services.
Percent of families that reported satisfaction with early education services.
Increase in school readiness score using standardized screening tool.
Percent of families showing increases in parenting knowledge and skill.
Number of children that received developmental screening.
Increases in score on school readiness measures when the child enters into pre-kindergarten.

How is this strategy building on the service network that currently exists:

- There is an opportunity to build upon the other strategies focused on families with children birth to five years old to allow children to have seamless services to prepare for school success.
- Expansion of current Summer Pre-K program.
- Settings for this strategy will be in elementary schools. There are four (4) elementary schools within the Community: Blackwater, Sacaton, Casa Blanca, and Gila Crossing

Summer Pre-K Program	SFY 2010	SFY 2011	SFY 2012
FTF Region-funded	52-60 Children	52 -60 Children	52-60 Children
Head Start Funded/ School District			
1. Sacaton (2) Classes	31	31	31
2. Casa Blanca (1) Classes	27	27	27
3. Gila Crossing (3) Classes	30-40	30-40	30-40
Total	145 children	145 children	145 children

What are the opportunities for collaboration and alignment:

- Opportunities to build partnerships between area early education programs, school districts, medical providers, churches and social service programs to provide settings for children as well as other family support services.
- Potential to partner with school district, faith community, private donations, Tribal Government, and other community partners to enhance this program.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation	\$51,281.00
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Budget Justification:

Summer Pre-Kindergarten Program

Lead Teacher-Will provide educational instruction to the pre-k class

Teacher Assistant- Will assist the lead teacher with classroom instruction

(In-kind) Director-

- Visits to the classes
- Provided technical assistance
- Informational Assessments
- Pre-k quality assessment

Children served 52-60 (13- 15 children per classroom)

4 Lead Teachers \$14,699.00 (\$759.20p/week x 4 weeks+21% ere = \$3,674.52 each teacher)
\$18.98 per hour

4 Teacher Assistants \$11,826.00 (\$610.80p/week x 4 weeks +21% ere = \$2,956.27 each t/a)
\$15.27 per hour

Materials \$ 3,000.00

Parent Ed. Materials \$ 1,500.00

Transportation costs \$ 12,256.00

Nutrition \$ 6,000.00

\$ 49,281.00

Consultation \$ 2,000.00 (Behavioral Health Consultant, Health Consultant, Teacher
Trainings)

Total= \$51,281.00

Classroom space is provided by local schools @ no cost

Summary Financial Table for SFY 2010 (July 1, 2009-June 30, 2010)

Revenue	
Population Based Allocation SFY2010	\$510,403
Expenditure Plan for SFY2010 Allocation	
Strategy 1-Home Visitation Prenatal to five years	\$178,016
Strategy 2-Parenting Classes	\$91,500
Strategy 3- Family Support Language	\$62,539
Strategy 4- TEACH Scholarships	\$12,255
Strategy 5- Quality & Access- Infant/Toddler Waiting lists	\$77,000
Strategy 6- Quality & Access-Summer Program	\$51,281
Communications	\$2,812
Regional Needs & Assets (if applicable)	\$5,000
Subtotal of Expenditures	\$480,403
Fund Balance (undistributed regional allocation in SFY2010)*	\$30,000
Grand Total (Add Subtotal and Fund Balance)	\$510,403

*Fund balance represents funding which the Gila River Indian Community Regional Partnership Council has identified for future use in identified strategies. As this time the Gila River Indian Community Regional Partnership Council would like more time to plan were they would like to target unspent funding. The Regional Council needs additional information from tribal agencies to determine where to focus funding. It is anticipated the Regional Council will decide where to place the unspent funding during their January 2009 meeting. Anticipated carry over: \$0.00

Building the Early Childhood System and Sustainability – Three Year Expenditure Plan: July 1, 2010 through June 30, 2012

Revenue	FY 2010	FY 2011 (estimated)	FY 2012 (estimated)	Total
Population Based Allocation	\$510,403	\$510,403	\$510,403	\$1,531,209
Fund Balance (carry forward from previous SFY)	N/A	\$30,000	\$60,000	
Expenditure Plan	FY 2010	FY 2011	FY 2012	Total
Strategy 1-Home Visit	\$178,016	\$178,016	\$178,016	\$534,048
Strategy 2- Parent Training	\$91,500	\$91,500	\$91,500	\$274,500
Strategy 3- Family Support Lang	\$62,539	\$62,539	\$62,539	\$187,617
Strategy 4 - TEACH	\$12,255	\$12,255	\$12,255	\$36,765
Strategy 5-Quality & Access	\$77,000	\$77,000	\$77,000	\$231,000
Strategy 6- Quality & Access	\$51,281	\$51,281	\$51,281	\$153,843
Communication	\$2,812	\$2,812	\$2,812	\$8,436
Regional Needs & Assets	\$5,000	\$5,000	\$5,000	\$15,000
Subtotal Expenditures	\$480,403	\$480,403	\$480,403	\$1,441,209
Fund Balance* (undistributed regional allocation)	\$30,000	\$60,000	\$90,000	
Grand Total	\$510,403	\$540,403	\$570,403	

*Fund balance represents funding which the Gila River Indian Community Regional Partnership Council has identified for future use in identified strategies. As this time the GRIC RPC would like more time to plan were they would like to target unspent funding. The Regional Council needs additional information from tribal agencies to determine where to focus funding. It is anticipated the Regional Council will decide where to place the unspent funding during their January 2009 meeting. Anticipated carry over: \$0.00

Discretionary and Public/Private Funds

The three areas of greatest need that the Regional Council would like to see further addressed through discretionary funding and other fund raising activities include:

Increasing access to quality ECE programs through expansion of four (4) week summer program.

While the regions needs and assets report found many needs within the community one of the most striking needs documented was the regions unmet need for quality child care programs. More than 70 percent of the regions children receive no center based experience. The Gila River Indian Community Regional Partnership Council therefore believes expanding current programs is vital, and foresees various funding streams for expansion, such as possible grants or private donations.

System Coordination.

The Gila River Indian Community Regional Partnership Council understands there are many obstacles which come between parents, children, and programs which exist to serve their needs. Therefore system coordination and collaboration was woven throughout the seven agreed upon strategies. It is foreseen that additional funding could be used to increase system coordination by creating health and early childhood education consortiums within the region which would aid in identifying areas where

both regional agencies and FTF can expand services, and increase capacity of the regions early childhood development and health services. Consortiums would also act as a bridge, informing both the public and all programs about the importance of early childhood education and health for children ages 0-5 and their families.

Quality First funding

While the Gila River Indian Community Regional Partnership Council understands how critical professional development is in improving the quality of early care and education programs the Regional Council has chosen to address this issue through TEACH participation. The Gila River Indian Community Regional Partnership Council would like time to see how participation in the Quality First! Program flows for the one (1) center program and one (1) home provider who will be participating within the region. The Regional Council would like to encourage the state board to use discretionary funding to provide more Quality First slots to Gila River region in the future.